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ICANotes Behavioral Health EHR		Continue	Photo	Cha	rt Details Veneg Patient
Demographics			<u> </u>	Go to E-F	Prescribe
,		Ar	naphylactic Reactio	on Reported 🗌	
Patier	t Information		Insura	ance Information	
*Name (F,M,L,Suffi	x) Yajaira	Venegas		*Date of Birth	7/3/1988
☐ Homeless Address ☐ Bad Address ☐ Addr 2 / Appt #	s 211 Cortez Street			Unique Patient ID	1000010733316
	#	County Gra	nt	*Gender	woman
Chart City, State, Z		NM ~	88043	Refer to patient as	Yajaira
Best Phone Home Phon	е	Country US		SSN#	585-75-9407
O Home O Work Cell Phor	e (575)313-9036		Other Nam	es Alt. Patient ID	
Cell Work Phor	е	ext	Previous Add	iress	
Patient Status En	ail				
Active O Inactive Email	Patient's Condition				
	al 🗆		Date Of C	Current Illness Onset	■ D
API 🗆			Date of	Current Admission: Fro	m [
Appt Reminders via:	mail 🔲 Text Message	Phone Messag			
Employment Statu	s	▼			
School or Employe	г			Dates Unable To Work	c From
Grad	e	V Birth	_	Condition Related	To Employment?
Marital Statu		Order	_	Condition Related 1	
Sexual Orientation		Multiple	ı	Condition Related T	o Other Accident?
*Ethnic	Hispanic or Latino	Birth	In trea	atment Previously?	ON If yes, whe
Ethnicity	2	more		Of Death	Preliminary Car
Religio	n		Date	OI Death	— Treminary Car
Annual Household Incom	ie	~			
Family Si	ze	Rel	ease		▲ Ac
Vetera	n OY ON		f Info		▼
*Rad	ce	■ ▼	atient		▲ Miscella
Race	2		endar		
*Preferred Languag	e English	lacksquare	Note		▼
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Native America	n OY ON Tribal	Affiliation			
Assigned Providers are allowed to sign Notes for this Patient	ristina Wolford, LCSW R		Select a Clinic Multiple Clinic Assign Provide	cians > Prime SPIN Sup	porting
	uired Blue fields are of for Meaningful Use	optional but add int = Patient Has Ad		Show	Fields used by elec

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